

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MARYLAND

Case number (if known) Chapter **11**☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | | |
|-------|--|---|--|
| 1. | Debtor's name | <u>14wBella, LLC</u> | |
| <hr/> | | | |
| 2. | All other names debtor used in the last 8 years <small>Include any assumed names, trade names and <i>doing business as</i> names</small> | <u>DBA Kapnos & G</u> | |
| <hr/> | | | |
| 3. | Debtor's federal Employer Identification Number (EIN) | <u>45-4333035</u> | |
| <hr/> | | | |
| 4. | Debtor's address Principal place of business <u>12154 Darnestown Road, Ste 621</u> <u>Gaithersburg, MD 20878</u> <small>Number, Street, City, State & ZIP Code</small> <u>Montgomery</u> <small>County</small> | Mailing address, if different from principal place of business <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <u>2201 14th Street, NW Washington, DC 20009</u> <small>Number, Street, City, State & ZIP Code</small> | |
| <hr/> | | | |
| 5. | Debtor's website (URL) | <u></u> | |
| <hr/> | | | |
| 6. | Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: <u></u> | |
| <hr/> | | | |

Debtor **14wBella, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

7225**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☐ No☒ Yes.

List all cases. If more than 1, attach a separate list

| | | | |
|----------|-----------------------|-----------------------|-------|
| Debtor | See Attachment | Relationship | _____ |
| District | _____ | When | _____ |
| | | Case number, if known | _____ |

Debtor **14wBella, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **14wBella, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 6, 2018**
MM / DD / YYYY**X /s/ Johannes Allender**

Signature of authorized representative of debtor

Johannes Allender

Printed name

Title **CFO****18. Signature of attorney****X /s/ Richard J. Oparil**

Signature of attorney for debtor

Date **September 6, 2018**

MM / DD / YYYY

Richard J. Oparil

Printed name

Porzio, Bromberg & Newman, P.C.

Firm name

**1200 New Hampshire Avenue, NW
Washington, DC 20036-6802**

Number, Street, City, State & ZIP Code

Contact phone

Email address

rjoparil@pbnlaw.com**13063**

Bar number and State

Debtor **14wBella, LLC**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MARYLAND

Case number (if known)

Chapter **11**☐ Check if this an amended filing**FORM 201. VOLUNTARY PETITION**
Pending Bankruptcy Cases Attachment

| | | | | |
|----------|----------------------------|---------------------|-----------------------|------------------|
| Debtor | BallCantina, LLC | | Relationship to you | Affiliate |
| District | Maryland | When 9/06/16 | Case number, if known | 18-21823 |
| Debtor | BallKap, LLC | | Relationship to you | Affiliate |
| District | | When | Case number, if known | |
| Debtor | BallNoodle, LLC | | Relationship to you | Affiliate |
| District | Maryland | When 9/06/18 | Case number, if known | 18-21824 |
| Debtor | CPKap, LLC | | Relationship to you | Affiliate |
| District | Maryland | When 9/06/18 | Case number, if known | 18-21808 |
| Debtor | Masskap, LLC | | Relationship to you | Affiliate |
| District | | When | Case number, if known | |
| Debtor | Mike Isabella, Inc. | | Relationship to you | Affiliate |
| District | | When | Case number, if known | |
| Debtor | Mosakap, LLC | | Relationship to you | Affiliate |
| District | | When | Case number, if known | |
| Debtor | Tyisa, LLC | | Relationship to you | Affiliate |
| District | | When | Case number, if known | |

**WRITTEN CONSENT
OF THE
MANAGING MEMBERS OF
14WBELLA, LLC**

Dated: September 5, 2018

The undersigned, constituting the required majority of managing members (the "Governing Persons") of 14WBella, LLC (the "Company"), in lieu of a special meeting, does hereby take the following actions and adopt the following resolutions by written consent:

WHEREAS, pursuant to Section 6.01(B) of the Company's operating agreement, any action relating to the management of the Company which the members may take shall require the consent of the managing members holding 51% of the percentage interests;

WHEREAS, the Governing Persons have evaluated the Company's alternatives in connection with a possible restructuring and, after due consideration, have determined it is in the best interest of the Company to file a voluntary petition in the United States Bankruptcy Court for the District of Maryland pursuant to Chapter 11 of Title 11 of the United States Bankruptcy Code (the "Bankruptcy Code");

NOW, THEREFORE BE IT:

RESOLVED, that the Company shall be, and it hereby is, authorized to file a voluntary petition for relief under chapter 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the District of Maryland or such other court as the appropriate officer or officers of the Company shall determine to be appropriate (the "Bankruptcy Court") and perform any and all such acts as are reasonable, advisable, expedient, convenient, proper or necessary to effect the foregoing, the performance of such acts to constitute conclusive evidence of the reasonableness, advisability, expedience, convenience, appropriateness, or necessity thereof;

RESOLVED FURTHER, that the Governing Persons and any other officer or person designated and so authorized to act (the "Authorized Officers") shall be, and each of them hereby is, authorized and empowered, in the name and on behalf of the Company, to execute, acknowledge, delivery, verify and file petitions, schedules, lists, and other papers or documents in the United States Bankruptcy Court for the District of Maryland to commence a case under Chapter 11 of the Bankruptcy Code, and to take and perform any and all further actions and steps that any such Authorized Officer deems necessary, desirable or proper in connection with the Company's chapter 11 case, with a view to the successful prosecution of such case at such time as said officer executing the same shall determine; and it was further

RESOLVED FURTHER, that the Authorized Officers, on behalf of the Company, are authorized, and empowered to retain the law firm of Porzio Bromberg & Newman, PC ("Porzio") as bankruptcy counsel to the Company to represent and assist the Company in carrying out its

duties under chapter 11 of the Bankruptcy Code, and to take any and all actions to advance the Company's rights in connection therewith, and the Authorized Officers are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the bankruptcy, and to cause to be filed an appropriate application for authority to retain the services of Porzio;

RESOLVED FURTHER, that the Authorized Officers of the Company be, and each of them acting singly is, hereby authorized and empowered to employ and retain any other professionals, including attorneys, accountants, financial advisors, investment bankers, actuaries, consultants or brokers necessary to assist the Company in carrying out its duties under the Bankruptcy Code; and in connection therewith, the Authorized Officers are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to or immediately upon the filing of the chapter 11 case and cause to be filed appropriate applications with the Bankruptcy Court for authority to retain the services of any other professionals, as necessary, and on such terms as are deemed necessary, desirable and proper;

RESOLVED FURTHER, that the Company, as debtor and debtor in possession under chapter 11 of the Bankruptcy Code, shall be, and it hereby is, authorized to: enter into and incur any obligations under a new debtor in possession financing facility or facilities and any associated documents and consummate the transactions contemplated therein (collectively, the "Financing Transactions") with such lenders and on such terms as may be approved by any one or more of the Authorized Officers, as may be reasonably necessary, desirable or appropriate for the continuing conduct of the affairs of the Company; and pay related fees, incur the debt contemplated by the Financing Transactions and grant security interests in and liens upon some, all or substantially all of the Company's assets in each case as may be deemed necessary, desirable or appropriate by any one or more of the Authorized Officers in connection with the Financing Transactions;

RESOLVED FURTHER, that the Authorized Officers of the Company be, and each of them acting singly is, hereby authorized, empowered and directed on behalf of the Company to take any and all actions, negotiate, finalize, execute, certify, deliver, file and/or record and perform any and all documents, agreements, instruments, motions, pleadings, schedules, affidavits, certificates, applications for approvals, rulings of governmental or regulatory authorities and other papers, and to take and perform any and all further acts and deeds which they, in their sole discretion, deem necessary, proper, or desirable to carry out the purpose and intent of each of the foregoing resolutions and to effectuate a successful chapter 11 reorganization, such discretion to be conclusively evidenced by the filing thereof or the taking or performance of such action; and

RESOLVED FURTHER, that all of the acts and transactions taken by any Authorized Person in the name and on behalf of the Company, relating to matters contemplated by the foregoing resolutions, which acts would have been approved by the foregoing resolutions except

that such acts were taken prior to the execution of these resolutions, are hereby in all respects confirmed, approved and ratified; and

RESOLVED FURTHER, that this written consent may be executed in any number of counterparts and by facsimile, portable document format, or other reproduction, and such execution shall be considered valid, binding, and effective for all purposes.

[signature pages follow]

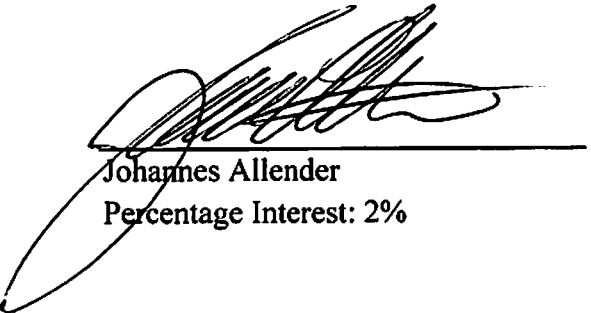
IN WITNESS WHEREOF, the undersigned, being a managing member of the Company has executed this written consent as of the date first written above:

A handwritten signature in black ink, appearing to read 'Michael Isabella', written over a horizontal line.

Michael Isabella

Percentage Interest: 49%

IN WITNESS WHEREOF, the undersigned, being a managing member of the Company has executed this written consent as of the date first written above:



Johannes Allender
Percentage Interest: 2%

Fill in this information to identify the case:Debtor name 14wBella, LLCUnited States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 6, 2018**X /s/ Johannes Allender**

Signature of individual signing on behalf of debtor

Johannes Allender

Printed name

CFO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **14wBella, LLC**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Adams-Burch Lender 1901 Stanford Court Hyattsville, MD 20785 | | Trade Payable | | | | \$10,075.03 |
| AUM P.O. Box 6436 Carol Stream, IL 60197 | | Trade Payable | | | | \$3,206.72 |
| Baldor Specialty Foods, Inc. 155 Food Center Drive Bronx, NY 10474 | | Trade Payable | | | | \$34,713.72 |
| Brent A. Sullivan, LLC P.O. Box 90900 Washington, DC 20090 | | Trade Payable | | | | \$2,682.10 |
| C&JM Services, Inc. P.O. Box 223 Gaithersburg, MD 20878 | | Trade Payable | | | | \$5,300.00 |
| Capital Meat Co. P.O. Box 3117 Hyattsville, MD 20784 | | Trade Payable | | | | \$10,119.96 |
| Crystal Parking 2231 Crystal Drive, Suite 109 Arlington, VA 22202 | | Trade Payable | | | | \$3,789.00 |
| Dionysos Imports Inc. 11581 Robertson Drive Manassas, VA 20109 | | Trade Payable | | | | \$3,969.00 |

Debtor **14wBella, LLC**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Elite Wines Imports, Inc. 7407 Lockport Place, Ste A Lorton, VA 22079 | | Trade Payable | | | | \$2,410.23 |
| Gabriel Monroy 3404 Castle Way Silver Spring, MD 20904 | | Trade Payable | | | | \$3,238.00 |
| Julius Silvert, Inc. P.O. Box 824559 Philadelphia, PA 19182-4559 | | Trade Payable | | | | \$57,527.52 |
| Keany Produce Co. 3310 75th Avenue Hyattsville, MD 20785 | | Trade Payable | | | | \$4,534.19 |
| Kelly Health Insurance P.O. Box 418926 Boston, MA 02241-8926 | | Trade Payable | | | | \$6,208.09 |
| M&T Bank One M&T Plaza Buffalo, NY 14203 | teltimsahy@mtb.com | Guarantor | | | | \$752,598.00 |
| Olympus Food Distributors, Inc. 621 South Pickett Street Alexandria, VA 22304-4619 | | Trade Payable | | | | \$5,319.90 |
| Pepco P.O. Box 13608 Philadelphia, PA 19101 | | Trade Payable | | | | \$6,620.27 |
| Potomac Exhaust, Inc. 1775 West Mt. Harmony Road Owings, MD 20736 | | Trade Payable | | | | \$2,538.00 |
| Samuels & Son Seafood Co. 3400 S Lawrence St Philadelphia, PA 19148 | | Trade Payable | | | | \$9,952.54 |
| SHF 14W, LLC 1315 W St NW Washington, DC 20009 | | Trade Payable | | | | \$36,561.31 |

Debtor **14wBella, LLC**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Washington Gas P.O. Box 37747 Philadelphia, PA 19101-5047 | | Trade Payable | | | | \$3,055.50 |

Fill in this information to identify the case:Debtor name **14wBella, LLC**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|--|----------------------|
| 1a. Real property: | |
| Copy line 88 from <i>Schedule A/B</i> | \$ 632,522.00 |
| 1b. Total personal property: | |
| Copy line 91A from <i>Schedule A/B</i> | \$ 218,361.05 |
| 1c. Total of all property: | |
| Copy line 92 from <i>Schedule A/B</i> | \$ 850,883.05 |

Part 2: Summary of Liabilities

| | |
|--|-------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) | |
| Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 11,302.83 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: | |
| Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 0.00 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: | |
| Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 1,033,361.43 |
| 4. Total liabilities | |
| Lines 2 + 3a + 3b | \$ 1,044,664.26 |

Fill in this information to identify the case:Debtor name 14wBella, LLCUnited States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$545.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. EagleBankChecking2266\$0.003.2. EagleBankChecking9550\$0.003.3. TD BankChecking6785\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$545.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Debtor 14wBella, LLC
Name

Case number (If known) _____

7.1. RP Jefferson Landlord \$76,975.007.2. Pepco Security Deposit \$12,895.007.3. Adams Burch Dishwasher \$400.008. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment9. **Total of Part 2.**\$90,270.00

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

| | General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|-------------------------------------|---|---|------------------------------------|
| 19. | Raw materials | | | | |
| 20. | Work in progress | | | | |
| 21. | Finished goods, including goods held for resale | | | | |
| 22. | Other inventory or supplies | | | | |
| | Perishable Goods that Landlord has onsite | 07/31/2018 | \$52,083.56 | Recent cost | \$52,083.56 |

23. **Total of Part 5.**\$52,083.56

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

Debtor **14wBella, LLC**
Name

Case number (If known) _____

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|--|---|------------------------------------|
| 39. | Office furniture Restaurant Furniture - Landlord has all fixed assets onsite. | \$14,996.91 | Recent cost | \$14,996.91 |
| 40. | Office fixtures | | | |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software Kitchen and computer equipment. Landlord has all fixed assets onsite. | \$60,465.58 | Recent cost | \$60,465.58 |

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$75,462.49

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☒ No. Go to Part 9.☐ Yes Fill in the information below.

Debtor 14wBella, LLC
Name

Case number (If known) _____

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available). | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1. <u>2201 14th Street, NW</u> <u>Washington, DC</u> <u>20009</u> | <u>Leasehold Improvements</u> | <u>\$632,522.00</u> | <u>Recent cost</u> | <u>\$632,522.00</u> |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$632,522.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | | | |
| 61. Internet domain names and websites <u>Internet domain</u> | <u>Unknown</u> | | <u>Unknown</u> |

62. Licenses, franchises, and royalties**63. Customer lists, mailing lists, or other compilations****64. Other intangibles, or intellectual property****65. Goodwill****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00**67. Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

Debtor 14wBella, LLC
Name

Case number (If known) _____

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **14wBella, LLC**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$545.00 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$90,270.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$0.00 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$52,083.56 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$75,462.49 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$0.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$632,522.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | \$0.00 | |
| 91. Total. Add lines 80 through 90 for each column | \$218,361.05 | \$632,522.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$850,883.05 |

Fill in this information to identify the case:Debtor name **14wBella, LLC**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|------------|--|---|--|
| 2.1 | EagleBank <small>Creditor's Name</small> 130 Rollins Avenue Rockville, MD 20852 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien Describe the lien Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$11,302.83 \$0.00 |

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$11,302.83**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **14wBella, LLC**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | Total claim | Priority amount |
|-----|--|---|--------------------------------|
| 2.1 | Priority creditor's name and mailing address Aguilar Lopez, Rosario D 5740 Colorado Ave NW Apt 104 Washington, DC 20011 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 \$0.00 |
| 2.2 | Priority creditor's name and mailing address Aguilar, Evelyn A 3820 Old Dominion Blvd Apt 12 Alexandria, VA 22305 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 \$0.00 |

| | | | |
|--------|------------------------------|------------------------|--|
| Debtor | 14wBella, LLC Name | Case number (if known) | |
|--------|------------------------------|------------------------|--|

| | | | | |
|-----|---|--|--------|--------|
| 2.3 | Priority creditor's name and mailing address Aguirre, Franklin E 926 Euclid St Washington, DC 20001 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|--|--------|--------|
| 2.4 | Priority creditor's name and mailing address Andrade, Celso 809 R St NW Apt 101 Washington, DC 20001 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|---|--|--------|--------|
| 2.5 | Priority creditor's name and mailing address Ardon, Josue 604 Keefer PI NW Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|--|--------|--------|
| 2.6 | Priority creditor's name and mailing address Argueta, Roberto A 1436 W Street NW #402 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--------|----------------------|------------------------|--|--|
| Debtor | 14wBella, LLC | Case number (if known) | | |
| | Name | | | |

| | | | | |
|-----|--|--|---------------|---------------|
| 2.7 | Priority creditor's name and mailing address Azzinaro, Thomas C 5401 McGrath Blvd Apt 912 North Bethesda, MD 20852 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|---|--|---------------|---------------|
| 2.8 | Priority creditor's name and mailing address Baquero, Javier A 3010 Sugar Lane Vienna, VA 22181 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|-----|--|--|---------------|---------------|
| 2.9 | Priority creditor's name and mailing address Beatriz Molina, Wendy 870 S Greenbrier St Apt 513 Arlington, VA 22204 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.10 | Priority creditor's name and mailing address Begham-Yusufzai, Sahra 1701 Rosa Drive Woodbridge, VA 22191 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|----------------------|------------------------|--|
| Debtor | 14wBella, LLC | Case number (if known) | |
| | Name | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.11 | Priority creditor's name and mailing address Belaunde, Raul H 12413 Braxfield Ct #9 Rockville, MD 20852 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.12 | Priority creditor's name and mailing address Beltran Orellana, Mario A 3304 Buchanan St Apt 301 Mount Rainier, MD 20712 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.13 | Priority creditor's name and mailing address Benitez, Yesica 1456 Spring Rd Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.14 | Priority creditor's name and mailing address Boyd, Michael F 3540 Rock Creek Church Rd Apt 101 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|----------------------|------------------------|--|
| Debtor | 14wBella, LLC | Case number (if known) | |
| | Name | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.15 | Priority creditor's name and mailing address Calles, Jackeline E 3312 Sherman Ave NW Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.16 | Priority creditor's name and mailing address Castillo Crespo, Jose A 1730 7th St NW Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.17 | Priority creditor's name and mailing address Choi, Suzie S 632 Cypresspointe Drive Severna Park, MD 21146 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.18 | Priority creditor's name and mailing address Colque, Miriam 1430 Chapin St NW Apt 2-J Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|----------------------|------------------------|--|
| Debtor | 14wBella, LLC | Case number (if known) | |
| | Name | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.19 | Priority creditor's name and mailing address Cruz Hernandez, Yacqueline 4002 Olive St Hyattsville, MD 20782 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.20 | Priority creditor's name and mailing address Descollines, Dave M 16111 Dorset Rd Laurel, MD 20707 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.21 | Priority creditor's name and mailing address Descollines, Joshua J 16111 Dorset Road Laurel, MD 20707 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.22 | Priority creditor's name and mailing address Dominguez Hidalgo, Jonhatan 4046 Clay PI NE Washington, DC 20019 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|--------|----------------------|------------------------|--|--|
| Debtor | 14wBella, LLC | Case number (if known) | | |
| | Name | | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.23 | Priority creditor's name and mailing address Escobar, Kevin 132 Madison St NW Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.24 | Priority creditor's name and mailing address Flores, Vanessa J 3045 15th St NW Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.25 | Priority creditor's name and mailing address Franco, Jaime 1213 Girard Street NW Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.26 | Priority creditor's name and mailing address Fuentes Diaz, Stephany N 1444 W St NW Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | 14wBella, LLC Name | Case number (if known) |
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| 2.27 | Priority creditor's name and mailing address Gallo, Erin L 6850 Richmond Highway Apt 816 Alexandria, VA 22306 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.28 | Priority creditor's name and mailing address Garcia, Korina J 1437 11th St NW Second Floor Washington, DC 20001 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.29 | Priority creditor's name and mailing address Ghetahun, Pina F 10781 Lester St Silver Spring, MD 20902 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 2.30 | Priority creditor's name and mailing address Godoy, Yury H 3636 16th St NW B-904 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | 14wBella, LLC | Case number (if known) | |
| | Name | | |

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| 2.31 | Priority creditor's name and mailing address Goines, Havana R 1424 Chapin St NW Apt 105 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.32 | Priority creditor's name and mailing address Gomez, Maria 2300 24th Rd S Apt 824 Arlington, VA 22206 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.33 | Priority creditor's name and mailing address Gonzalez, Margarita 1334 Fort Stevens Drive Apt 208 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 2.34 | Priority creditor's name and mailing address Hernandez Garcia, Sualy E 3709 Kenway St Silver Spring, MD 20906 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | 14wBella, LLC Name | Case number (if known) |
| 2.35 | Priority creditor's name and mailing address Hernandez Sanluis, Luis 5005 1st St #3 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 2.36 | Priority creditor's name and mailing address Hernandez, Carlos 1304 North Pierce St Arlington, VA 22209 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 2.37 | Priority creditor's name and mailing address Hernandez, Jose 4832 Ertter Dr Rockville, MD 20852 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 2.38 | Priority creditor's name and mailing address Hernandez, Victorina 3620 16 St NW Apt 304 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| Debtor | 14wBella, LLC | Case number (if known) | |
| | Name | | |

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|------|--|--|--------|--------|
| 2.39 | Priority creditor's name and mailing address Ixpertay, Domingo 1310 6 St NW Apt 402 Washington, DC 20001 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|--------|--------|
| 2.40 | Priority creditor's name and mailing address Jimenez Nino, Raul 210 Webster St NE Apt 1 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|--------|--------|
| 2.41 | Priority creditor's name and mailing address King, Doriana 4913 Marlborough Grove Upper Marlboro, MD 20772 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|--------|--------|
| 2.42 | Priority creditor's name and mailing address Linares Tapia, Andres F 505 18th St S Apt 307 Arlington, VA 22202 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| Debtor | 14wBella, LLC Name | Case number (if known) |
| 2.43 | Priority creditor's name and mailing address Lopez Adulfo, Tomas 1430 Tuckerman St NW Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.44 | Priority creditor's name and mailing address Lopez, Jose Angel 1445 Park Road NW #408 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.45 | Priority creditor's name and mailing address Lucas Morales, Nicolas 3802 14th St NW Apt 304 Washington, DC 20011-5401 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.46 | Priority creditor's name and mailing address Malata, Mark V 2101 New Hampshire Ave NW Apt 402 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |

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| Debtor | 14wBella, LLC Name | Case number (if known) |
| 2.47 | Priority creditor's name and mailing address Martinez, Alfred Renton 3620 16th ST NW Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.48 | Priority creditor's name and mailing address Mejia Torres, Carlos A 611 Lamont St NW Apt 611 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.49 | Priority creditor's name and mailing address Mercado, Jesus 4650 Washington Blvd Apt 529 Arlington, VA 22201 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.50 | Priority creditor's name and mailing address Mijatovic, Vuk 2221 Georgian Way Apt 32 Silver Spring, MD 20902 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |

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| Debtor | 14wBella, LLC Name | Case number (if known) |
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| 2.51 | Priority creditor's name and mailing address Monge, Ines 3132 16th St Nw Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|------|--|--|---------------|---------------|
| 2.52 | Priority creditor's name and mailing address Montague, Nadia T 7601 Riverdale Rd #440 New Carrollton, MD 20784 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|------|--|--|---------------|---------------|
| 2.53 | Priority creditor's name and mailing address Moreno, Daniela 611 Lamont Street NW Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
|------|--|--|---------------|---------------|

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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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|------|---|--|---------------|---------------|
| 2.54 | Priority creditor's name and mailing address Moreno, Jose 611 Lamont Street NW Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
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| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | 14wBella, LLC Name | Case number (if known) |
| 2.55 | Priority creditor's name and mailing address Najarro Estrada, Juan J 3435 Holmead Place NW Apt 516 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> |
| 2.56 | Priority creditor's name and mailing address Navarro Quintanilla, Blanca D 1417 N St NW Apt 106 Washington, DC 20005 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> |
| 2.57 | Priority creditor's name and mailing address Ontiveros, Lissette G 931 Longfellow St Apt 309 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> |
| 2.58 | Priority creditor's name and mailing address Pagonis, George 1700 Kalorama Road NW Apt 405 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;">\$0.00</div> |

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| Debtor | 14wBella, LLC | Case number (if known) | |
| | Name | | |

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|------|--|--|---|---|
| 2.59 | Priority creditor's name and mailing address Pagonis, Nicholas 1111 W ST NW APT 8 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|---|---|
| 2.60 | Priority creditor's name and mailing address Pagonis, Victoria 1407 Buchanan St NW Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|------|--|--|---|---|
| 2.61 | Priority creditor's name and mailing address Pinti Zamora, Selena V 5616 13th St NW Apt 100 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|---|---|
| 2.62 | Priority creditor's name and mailing address Privado, Bryan 6717 Riverdale Rd Riverdale, MD 20737 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| | Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Notice Only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
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| Debtor | 14wBella, LLC Name | Case number (if known) | |
|--------|------------------------------|------------------------|--|

| | | | | |
|---|---|--|---------------|---------------|
| 2.63 | Priority creditor's name and mailing address Ramirez, Vilma 1515 Ogden St NW Apt 604 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.64 | Priority creditor's name and mailing address Reyes, Tomas F 1674 Irving St NW Apt B1 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.65 | Priority creditor's name and mailing address Rodrigues Peres, Mardin 3435 Holmead Pl Apt 511 Washington, DC 20100 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.66 | Priority creditor's name and mailing address Rodriguez Ayala, Nidia E 4120 14 St NW Apt B5 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|------------------------------|------------------------|--|
| Debtor | 14wBella, LLC Name | Case number (if known) | |
|--------|------------------------------|------------------------|--|

| | | | | |
|---|---|--|---|---|
| 2.67 | Priority creditor's name and mailing address Romero, Oscar 1111 Columbia Rd NW Apt 406 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---|---|
| 2.68 | Priority creditor's name and mailing address Saboccheck, Read A 1111 W St NW Apt 8 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|---|---|
| 2.69 | Priority creditor's name and mailing address Samuel, Jazzmyn S 1522 Isherwood St NE Apt 4 Washington, DC 20002 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|---|---|
| 2.70 | Priority creditor's name and mailing address Sanchez Osorio, Santiago 3701 16th Street NW APT 500 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 | <div style="border-top: 1px solid black; width: 100%;"></div> \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|----------------------|--|------------------------|
| Debtor | 14wBella, LLC | | Case number (if known) |
| | Name | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.71 | Priority creditor's name and mailing address Sandoval, Victor H 1511 28th St Apt 6 Arlington, VA 22206 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|---|--|---------------|---------------|
| 2.72 | Priority creditor's name and mailing address Santos, Bernadino 3900 16th St #240 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.73 | Priority creditor's name and mailing address Sokic, Stefan 4400 East West Highway Bethesda, MD 20814 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|------|--|--|---------------|---------------|
| 2.74 | Priority creditor's name and mailing address Soriano Chacon, Jesus 1458 Columbia Rd Apt 200 Washington, DC 20009 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: Notice Only | | |
| | Last 4 digits of account number | Is the claim subject to offset? | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | |
|--------|---|--|
| Debtor | 14wBella, LLC Name | Case number (if known) |
| 2.75 | Priority creditor's name and mailing address Teshome, Knori S 1428 L Street SE Washington, DC 20003 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.76 | Priority creditor's name and mailing address Torres Cardenas, Juan M 3132 16th Street NW Apt 605 Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.77 | Priority creditor's name and mailing address Torres De Moreno, Herminia 611 Lamont Street NW Washington, DC 20010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |
| <hr/> | | |
| 2.78 | Priority creditor's name and mailing address Umanzor Reyes, Jose A 253 Farragut St Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Date or dates debt was incurred | Basis for the claim: Notice Only |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | | \$0.00 \$0.00 |

| | | | |
|--------|------------------------------|------------------------|--|
| Debtor | 14wBella, LLC Name | Case number (if known) | |
|--------|------------------------------|------------------------|--|

| | | | | |
|---|---|--|---------------|---------------|
| 2.79 | Priority creditor's name and mailing address Velasquez, Elmer 930 Randolph St NW Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|---------------|---------------|
| 2.80 | Priority creditor's name and mailing address Velasquez, Karla 228 Hamilton St Apt 3 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|---------------|---------------|
| 2.81 | Priority creditor's name and mailing address Zamora, Mirna 5616 13th St NW #100 Washington, DC 20011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.82 | Priority creditor's name and mailing address Zimmerman, Maria R 1210 Wellfleet Dr Waldorf, MD 20601 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: Notice Only | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| Debtor 14wBella, LLC Name | | Case number (if known) | |
|-------------------------------------|---|---|--------------------|
| 3.1 | Nonpriority creditor's name and mailing address AC Beverage/AC Distributing 1993-7 Moreland Pkwy Annapolis, MD 21401 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$947.32 |
| 3.2 | Nonpriority creditor's name and mailing address Adams-Burch Lender 1901 Stanford Court Hyattsville, MD 20785 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,075.03 |
| 3.3 | Nonpriority creditor's name and mailing address Airtech Specialist 6424 Quander Road Alexandria, VA 22307 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,030.00 |
| 3.4 | Nonpriority creditor's name and mailing address AlSCO 4900 Philadelphia Way Lanham, MD 20706 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,144.47 |
| 3.5 | Nonpriority creditor's name and mailing address AUM P.O. Box 6436 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,206.72 |
| 3.6 | Nonpriority creditor's name and mailing address Bacchus Importers LTD 1817 Portal Street Baltimore, MD 21224 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,650.08 |
| 3.7 | Nonpriority creditor's name and mailing address Baldor Specialty Foods, Inc. 155 Food Center Drive Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$34,713.72 |

| | | |
|--------|------------------------------|------------------------|
| Debtor | 14wBella, LLC Name | Case number (if known) |
|--------|------------------------------|------------------------|

| | | |
|-----|---|--|
| 3.8 | Nonpriority creditor's name and mailing address BallKap, LLC 12154 Darnestown Road, Ste 621 Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

| | | |
|-----|--|--|
| 3.9 | Nonpriority creditor's name and mailing address Breakthru Beverage 900 E. Fayette Street P.O. Box 13326 Baltimore, MD 21203 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,003.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|--|--|

| | | |
|------|---|--|
| 3.10 | Nonpriority creditor's name and mailing address Brent A. Sullivan, LLC P.O. Box 90900 Washington, DC 20090 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,682.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|--|

| | | |
|------|--|--|
| 3.11 | Nonpriority creditor's name and mailing address C&JM Services, Inc. P.O. Box 223 Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

| | | |
|------|---|--|
| 3.12 | Nonpriority creditor's name and mailing address Canela Bakery 806 Muddy Branch Road Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,052.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|--|

| | | |
|------|---|---|
| 3.13 | Nonpriority creditor's name and mailing address Capital Meat Co. P.O. Box 3117 Hyattsville, MD 20784 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,119.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|---|

| | | |
|------|--|--|
| 3.14 | Nonpriority creditor's name and mailing address Coastal Sunbelt Produce 8704 Bollman Place Savage, MD 20763 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,424.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

| | | |
|--------|------------------------------|------------------------|
| Debtor | 14wBella, LLC Name | Case number (if known) |
|--------|------------------------------|------------------------|

| | | | |
|------|--|---|-------------------|
| 3.15 | Nonpriority creditor's name and mailing address Crystal Parking 2231 Crystal Drive, Suite 109 Arlington, VA 22202 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,789.00 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.16 | Nonpriority creditor's name and mailing address Dionysos Imports Inc. 11581 Robertson Drive Manassas, VA 20109 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,969.00 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-----------------|
| 3.17 | Nonpriority creditor's name and mailing address Eatn N Eats 7509 Wayne Highway Waynesboro, PA 17268 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$707.50 |
|------|--|---|-----------------|

| | | | |
|------|---|---|-----------------|
| 3.18 | Nonpriority creditor's name and mailing address East Coast Food Equipment, Inc. 570 Industrial Way Lewisberry, PA 17339-9534 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$467.43 |
|------|---|---|-----------------|

| | | | |
|------|--|---|----------------|
| 3.19 | Nonpriority creditor's name and mailing address Elegance & Simplicity, Inc. 1204 Ednor Road Silver Spring, MD 20905 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$65.00 |
|------|--|---|----------------|

| | | | |
|------|--|---|-------------------|
| 3.20 | Nonpriority creditor's name and mailing address Elite Wines Imports, Inc. 7407 Lockport Place, Ste A Lorton, VA 22079 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,410.23 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.21 | Nonpriority creditor's name and mailing address Gabriel Monroy 3404 Castle Way Silver Spring, MD 20904 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,238.00 |
|------|---|---|-------------------|

| | | |
|--------|------------------------------|------------------------|
| Debtor | 14wBella, LLC Name | Case number (if known) |
|--------|------------------------------|------------------------|

| | | | |
|------|---|---|-----------------|
| 3.22 | Nonpriority creditor's name and mailing address Grapes of Spain, Inc. 7370-B Lockport Place Lorton, VA 22079 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$420.00 |
|------|---|---|-----------------|

| | | | |
|------|---|---|-----------------|
| 3.23 | Nonpriority creditor's name and mailing address Hamco DC 12004 Old Baltimore Pike Beltsville, MD 20705 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$344.72 |
|------|---|---|-----------------|

| | | | |
|------|---|---|-----------------|
| 3.24 | Nonpriority creditor's name and mailing address Hop & Wine Beverage LLC 4605 Bookfield Corporate Drive Chantilly, VA 20151 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$197.76 |
|------|---|---|-----------------|

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|------|---|---|-----------------|
| 3.25 | Nonpriority creditor's name and mailing address JJ McDonnell 7010 Brookdale Drive Elkridge, MD 21075 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$138.38 |
|------|---|---|-----------------|

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|------|---|---|--------------------|
| 3.26 | Nonpriority creditor's name and mailing address Julius Silvert, Inc. P.O. Box 824559 Philadelphia, PA 19182-4559 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$57,527.52 |
|------|---|---|--------------------|

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|------|---|---|-------------------|
| 3.27 | Nonpriority creditor's name and mailing address Keany Produce Co. 3310 75th Avenue Hyattsville, MD 20785 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,534.19 |
|------|---|---|-------------------|

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|------|---|---|-------------------|
| 3.28 | Nonpriority creditor's name and mailing address Kelly Health Insurance P.O. Box 418926 Boston, MA 02241-8926 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,208.09 |
|------|---|---|-------------------|

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|--------|------------------------------|------------------------|
| Debtor | 14wBella, LLC Name | Case number (if known) |
|--------|------------------------------|------------------------|

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|------|---|---|-------------------|
| 3.29 | Nonpriority creditor's name and mailing address LDV Imports 130 West 25th Street, Floor 7 New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,073.00 |
|------|---|---|-------------------|

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|------|--|---|-----------------|
| 3.30 | Nonpriority creditor's name and mailing address Lyon Bakery P.O. Box 1360 Hyattsville, MD 20785 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$860.49 |
|------|--|---|-----------------|

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|------|--|---|---------------------|
| 3.31 | Nonpriority creditor's name and mailing address M&T Bank One M&T Plaza Buffalo, NY 14203 Date(s) debt was incurred <u>12/12/2017</u> Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guarantor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$752,598.00 |
|------|--|---|---------------------|

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|------|--|--|--------------------|
| 3.32 | Nonpriority creditor's name and mailing address Mike Isabella, Inc. 12154 Darnestown Road, Ste 621 Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$23,418.25 |
|------|--|--|--------------------|

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|------|---|---|----------------|
| 3.33 | Nonpriority creditor's name and mailing address Mustard's Greens P.O. Box 99 Dameron, MD 20628 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25.00 |
|------|---|---|----------------|

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|------|---|---|-----------------|
| 3.34 | Nonpriority creditor's name and mailing address Office Depot P.O. Box 630813 Cincinnati, OH 45263-0813 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$611.00 |
|------|---|---|-----------------|

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| 3.35 | Nonpriority creditor's name and mailing address Olympus Food Distributors, Inc. 621 South Pickett Street Alexandria, VA 22304-4619 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,319.90 |
|------|---|---|-------------------|

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|--------|------------------------------|------------------------|
| Debtor | 14wBella, LLC Name | Case number (if known) |
|--------|------------------------------|------------------------|

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|------|--|---|-------------------|
| 3.36 | Nonpriority creditor's name and mailing address Open Table, Inc. P.O. Box 671198 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,039.32 |
|------|--|---|-------------------|

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|------|---|---|-------------------|
| 3.37 | Nonpriority creditor's name and mailing address Oracle America, Inc. P.O. Box 203448 Dallas, TX 75320-3448 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,269.00 |
|------|---|---|-------------------|

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|------|--|---|-----------------|
| 3.38 | Nonpriority creditor's name and mailing address PCI Service Company 7909 Philadelphia Road Rosedale, MD 21237 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$974.57 |
|------|--|---|-----------------|

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|------|--|---|-------------------|
| 3.39 | Nonpriority creditor's name and mailing address Pepco P.O. Box 13608 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,620.27 |
|------|--|---|-------------------|

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|------|--|---|-------------------|
| 3.40 | Nonpriority creditor's name and mailing address Potomac Exhaust, Inc. 1775 West Mt. Harmony Road Owings, MD 20736 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,538.00 |
|------|--|---|-------------------|

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|------|--|---|-----------------|
| 3.41 | Nonpriority creditor's name and mailing address Premium Distributors P.O. Box 742861 Atlanta, GA 30374-2861 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$683.20 |
|------|--|---|-----------------|

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|------|---|---|-------------------|
| 3.42 | Nonpriority creditor's name and mailing address Prestige Beverage Group 6735-A Business Parkway Elkridge, MD 21075 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,879.31 |
|------|---|---|-------------------|

| Debtor 14wBella, LLC Name | | Case number (if known) | |
|-------------------------------------|---|---|--------------------|
| 3.43 | Nonpriority creditor's name and mailing address Republic National Distributing Company 4235 Sheriff Road NE Washington, DC 20019 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$974.18 |
| 3.44 | Nonpriority creditor's name and mailing address Roberts Oxygen Company, Inc. P.O. Box 5507 Derwood, MD 20855 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$338.98 |
| 3.45 | Nonpriority creditor's name and mailing address Samuels & Son Seafood Co. 3400 S Lawrence St Philadelphia, PA 19148 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,952.54 |
| 3.46 | Nonpriority creditor's name and mailing address SHF 14W, LLC 1315 W St NW Washington, DC 20009 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$36,561.31 |
| 3.47 | Nonpriority creditor's name and mailing address Southern Glazer's of MD P.O. Box 9207 Dundalk, MD 21222-0207 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$223.35 |
| 3.48 | Nonpriority creditor's name and mailing address Talbert's Ice & Beverage 5234 River Road Bethesda, MD 20816 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$235.40 |
| 3.49 | Nonpriority creditor's name and mailing address Tealsm 400 8th St, NW Washington, DC 20004 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$45.00 |

Debtor **14wBella, LLC**

Name

Case number (if known)

3.50 Nonpriority creditor's name and mailing address

**The Country Vintner
P.O. Box 1540
Ashland, VA 23005**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Payable**Is the claim subject to offset? ☒ No ☐ Yes**\$543.63**

3.51 Nonpriority creditor's name and mailing address

**Tradewinds Specialty Imports, LLC
P.O. Box 73922
Washington, DC 20056**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Payable**Is the claim subject to offset? ☒ No ☐ Yes**\$144.00**

3.52 Nonpriority creditor's name and mailing address

**VEGA Pest Elimination
611 Hollywood Ave
Silver Spring, MD 20904**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Payable**Is the claim subject to offset? ☒ No ☐ Yes**\$592.20**

3.53 Nonpriority creditor's name and mailing address

**Washington Gas
P.O. Box 37747
Philadelphia, PA 19101-5047**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Payable**Is the claim subject to offset? ☒ No ☐ Yes**\$3,055.50**

3.54 Nonpriority creditor's name and mailing address

**Winebow
P.O. Box 1540
Ashland, VA 23005**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade Payable**Is the claim subject to offset? ☒ No ☐ Yes**\$419.38****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **0.00**5b. + \$ **1,033,361.43**5c. \$ **1,033,361.43**

Fill in this information to identify the case:Debtor name 14wBella, LLCUnited States Bankruptcy Court for the: DISTRICT OF MARYLAND

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name **14wBella, LLC**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 BallCantina, LLC****12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878****M&T Bank**☐ D _____☒ E/F **3.31**☐ G _____**2.2 BallCantina, LLC****12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878****EagleBank**☒ D **2.1**☐ E/F _____☐ G _____**2.3 BallKap, LLC****M&T Bank**☐ D _____☒ E/F **3.31**☐ G _____**2.4 BallKap, LLC****12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878****EagleBank**☒ D **2.1**☐ E/F _____☐ G _____**2.5 BallNoodle, LLC****M&T Bank**☐ D _____☒ E/F **3.31**☐ G _____

Debtor **14wBella, LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|-------|----------------------------|--|---------------------|---|
| 2.6 | BallNoodle, LLC | 12154 Darnestown Road, Ste 621 Gaithersburg, MD 20878 | EagleBank | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.7 | Mike Isabella, Inc. | | M&T Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.31</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.8 | Mike Isabella, Inc. | 12154 Darnestown Road, Ste 621 Gaithersburg, MD 20878 | EagleBank | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.9 | Mosakap, LLC | 12154 Darnestown Road, Ste 621 Gaithersburg, MD 20878 | EagleBank | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.10 | Tyisa, LLC | 12154 Darnestown Road, Ste 621 Gaithersburg, MD 20878 | M&T Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.31</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |

Fill in this information to identify the case:Debtor name **14wBella, LLC**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2018** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$2,400,579.29****For prior year:**From **1/01/2017** to **12/31/2017**☒ Operating a business☐ Other _____**\$5,015,163.65****For year before that:**From **1/01/2016** to **12/31/2016**☒ Operating a business☐ Other _____**\$4,987,266.76****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **14wBella, LLC**

Case number (if known) _____

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|-------|-----------------------|---|
| 3.1. SHF 14W, LLC 1315 W St NW Washington, DC 20009 | | \$103,044.80 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other___ |
| 3.2. Julius Silvert, Inc. P.O. Box 824559 Philadelphia, PA 19182-4559 | | \$62,533.83 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.3. Baldor Specialty Foods, Inc. 155 Food Center Drive Bronx, NY 10474 | | \$44,021.36 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.4. Capital Meat Co. P.O. Box 3117 Hyattsville, MD 20784 | | \$31,962.78 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.5. Open Table, Inc. P.O. Box 671198 Dallas, TX 75267 | | \$25,454.67 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.6. Kelly Health Insurance P.O. Box 418926 Boston, MA 02241-8926 | | \$14,719.78 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other___ |
| 3.7. EagleBank 130 Rollins Avenue Rockville, MD 20852 | | \$14,688.00 | <input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.8. Adams-Burch Lender 1901 Stanford Court Hyattsville, MD 20785 | | \$14,671.46 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |

Debtor **14wBella, LLC**

Case number (if known) _____

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|-------|-----------------------|---|
| 3.9. Samuels & Son Seafood Co. 3400 S Lawrence St Philadelphia, PA 19148 | | \$13,837.63 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.10 AlSCO 4900 Philadelphia Way Lanham, MD 20706 | | \$13,344.34 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.11 Dionysos Imports Inc. 11581 Robertson Drive Manassas, VA 20109 | | \$11,400.99 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.12 Prestige Beverage Group 6735-A Business Parkway Elkridge, MD 21075 | | \$11,248.45 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.13 The Hartford P.O. Box 660916 Dallas, TX 75266-0916 | | \$10,366.67 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other___ |
| 3.14 Pepco P.O. Box 13608 Philadelphia, PA 19101 | | \$10,215.76 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.15 Olympus Food Distributors, Inc. 621 South Pickett Street Alexandria, VA 22304-4619 | | \$9,694.07 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.16 Elite Wines Imports, Inc. 7407 Lockport Place, Ste A Lorton, VA 22079 | | \$7,947.93 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |

Debtor **14wBella, LLC**

Case number (if known) _____

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|-------|-----------------------|--|
| 3.17 Breakthru Beverage 900 E. Fayette Street P.O. Box 13326 Baltimore, MD 21203 | | \$7,765.08 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|---------------------------|----------------|------------------------------------|----------------|
|---------------------------|----------------|------------------------------------|----------------|

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

Debtor **14wBella, LLC**

Case number (if known) _____

| | Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------|--|---|----------------------------------|-------------------|
| 9.1. | A Forever Home Rescue Foundation, Inc. | Cash | 01/19/2018 and 02/15/2018 | \$2,345.00 |
| | Recipients relationship to debtor None | | | |

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
| | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | |

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|-------|-----------------------|
|---|---|-------|-----------------------|

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☐ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

| Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Debtor **14wBella, LLC**

Case number (if known)

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Do you still
have it?**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Do you still
have it?

Debtor **14wBella, LLC**

Case number (if known)

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

Debtor **14wBella, LLC**

Case number (if known)

Name and address**Date of service
From-To**

26a.1. **Johannes Allender**
117 Kent Oaks Way
Gaithersburg, MD 20878

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. **Johannes Allender**
117 Kent Oaks Way
Gaithersburg, MD 20878

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **EagleBank**
130 Rollins Avenue
Rockville, MD 20852

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**27.1 **Mark Petonito****07/31/2018****\$52,083.56****Name and address of the person who has possession of
inventory records**

Mark Petonito
2001 International Drive
Mc Lean, VA 22102

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name**Address****Position and nature of any
interest****% of interest, if
any****Mike Isabella, Jr.**

775 Pearl Street, SW #709
Washington, DC 20024

Class A - Active - Managing
Member

20.10%**Name****Address****Position and nature of any
interest****% of interest, if
any****George Pagonis**

1700 Kalorama Rd NW, Apt 405
Washington, DC 20009

Class A - Active - Managing
Member

5%

Debtor **14wBella, LLC**

Case number (if known) _____

| Name | Address | Position and nature of any interest | % of interest, if any |
|------------------------|--|-------------------------------------|-----------------------|
| Nicholas Pagonis | 1111 W St. NW, Apt 8 Washington, DC 20009 | Class A - Active - Managing Member | 6% |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Johannes Allender, CPA | 117 Kent Oaks Way Gaithersburg, MD 20878 | Class A - Active - Managing Member | 2% |
| Name | Address | Position and nature of any interest | % of interest, if any |
| Tahal Ismail | 708 Irving St., NE, Unit 102 Washington, DC 20017 | Class A - Active - Managing Member | 2% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

Debtor 14wBella, LLC

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 6, 2018

/s/ Johannes Allender

Signature of individual signing on behalf of the debtor

Johannes Allender

Printed name

Position or relationship to debtor CFO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
District of Maryland**

In re 14wBella, LLC

Debtor(s)

Case No.
Chapter11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|---|----------------|----------------------|------------------|
|---|----------------|----------------------|------------------|

-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CFO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date September 6, 2018Signature /s/ Johannes Allender
Johannes Allender

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of Maryland**

In re **14wBella, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CFO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 6, 2018**

/s/ Johannes Allender

Johannes Allender/CFO

Signer/Title

AC Beverage/AC Distributing
1993-7 Moreland Pkwy
Annapolis, MD 21401

Adams-Burch Lender
1901 Stanford Court
Hyattsville, MD 20785

Aguilar Lopez, Rosario D
5740 Colorado Ave NW
Apt 104
Washington, DC 20011

Aguilar, Evelyn A
3820 Old Dominion Blvd
Apt 12
Alexandria, VA 22305

Aguirre, Franklin E
926 Euclid St
Washington, DC 20001

Airtech Specialist
6424 Quander Road
Alexandria, VA 22307

Alsco
4900 Philadelphia Way
Lanham, MD 20706

Andrade, Celso
809 R St NW
Apt 101
Washington, DC 20001

Ardon, Josue
604 Keefer Pl NW
Washington, DC 20010

Argueta, Roberto A
1436 W Street NW
#402
Washington, DC 20009

AUM
P.O. Box 6436
Carol Stream, IL 60197

Azzinaro, Thomas C
5401 McGrath Blvd
Apt 912
North Bethesda, MD 20852

Bacchus Importers LTD
1817 Portal Street
Baltimore, MD 21224

Baldor Specialty Foods, Inc.
155 Food Center Drive
Bronx, NY 10474

BallCantina, LLC
12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878

BallKap, LLC
12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878

BallNoodle, LLC
12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878

Baquero, Javier A
3010 Sugar Lane
Vienna, VA 22181

Beatriz Molina, Wendy
870 S Greenbrier St
Apt 513
Arlington, VA 22204

Begham-Yusufzai, Sahra
1701 Rosa Drive
Woodbridge, VA 22191

Belaunde, Raul H
12413 Braxfield Ct
#9
Rockville, MD 20852

Beltran Orellana, Mario A
3304 Buchanan St
Apt 301
Mount Rainier, MD 20712

Benitez, Yesica
1456 Spring Rd
Washington, DC 20010

Boyd, Michael F
3540 Rock Creek Church Rd
Apt 101
Washington, DC 20010

Breakthru Beverage
900 E. Fayette Street
P.O. Box 13326
Baltimore, MD 21203

Brent A. Sullivan, LLC
P.O. Box 90900
Washington, DC 20090

C&JM Services, Inc.
P.O. Box 223
Gaithersburg, MD 20878

Calles, Jackeline E
3312 Sherman Ave NW
Washington, DC 20011

Canela Bakery
806 Muddy Branch Road
Gaithersburg, MD 20878

Capital Meat Co.
P.O. Box 3117
Hyattsville, MD 20784

Castillo Crespo, Jose A
1730 7th St NW
Washington, DC 20009

Choi, Suzie S
632 Cypresspointe Drive
Severna Park, MD 21146

Coastal Sunbelt Produce
8704 Bollman Place
Savage, MD 20763

Colque, Miriam
1430 Chapin St NW
Apt 2-J
Washington, DC 20009

Cruz Hernandez, Yacqueline
4002 Olive St
Hyattsville, MD 20782

Crystal Parking
2231 Crystal Drive, Suite 109
Arlington, VA 22202

Descollines, Dave M
16111 Dorset Rd
Laurel, MD 20707

Descollines, Joshua J
16111 Dorset Road
Laurel, MD 20707

Dionysos Imports Inc.
11581 Robertson Drive
Manassas, VA 20109

Dominguez Hidalgo, Jonhatan
4046 Clay Pl NE
Washington, DC 20019

EagleBank
130 Rollins Avenue
Rockville, MD 20852

Earth N Eats
7509 Wayne Highway
Waynesboro, PA 17268

East Coast Food Equipment, Inc.
570 Industial Way
Lewisberry, PA 17339-9534

Elegance & Simplicity, Inc.
1204 Ednor Road
Silver Spring, MD 20905

Elite Wines Imports, Inc.
7407 Lockport Place, Ste A
Lorton, VA 22079

Escobar, Kevin
132 Madison St NW
Washington, DC 20011

Flores, Vanessa J
3045 15th St NW
Washington, DC 20009

Franco, Jaime
1213 Girard Street NW
Washington, DC 20009

Fuentes Diaz, Stephany N
1444 W St NW
Washington, DC 20009

Gabriel Monroy
3404 Castle Way
Silver Spring, MD 20904

Gallo, Erin L
6850 Richmond Highway
Apt 816
Alexandria, VA 22306

Garcia, Korina J
1437 11th St NW
Second Floor
Washington, DC 20001

Ghetahun, Pina F
10781 Lester St
Silver Spring, MD 20902

Godoy, Yury H
3636 16th St NW
B-904
Washington, DC 20010

Goines, Havana R
1424 Chapin St NW
Apt 105
Washington, DC 20009

Gomez, Maria
2300 24th Rd S
Apt 824
Arlington, VA 22206

Gonsalez, Margarita
1334 Fort Stevens Drive
Apt 208
Washington, DC 20011

Grapes of Spain, Inc.
7370-B Lockport Place
Lorton, VA 22079

Hamco DC
12004 Old Baltimore Pike
Beltsville, MD 20705

Hernandez Garcia, Sualy E
3709 Kenway St
Silver Spring, MD 20906

Hernandez Sanluis, Luis
5005 1st St
#3
Washington, DC 20011

Hernandez, Carlos
1304 North Pierce St
Arlington, VA 22209

Hernandez, Jose
4832 Ertter Dr
Rockville, MD 20852

Hernandez, Victorina
3620 16 St NW
Apt 304
Washington, DC 20010

Hop & Wine Beverage LLC
4605 Bookfield Corporate Drive
Chantilly, VA 20151

Ixpertay, Domingo
1310 6 St NW
Apt 402
Washington, DC 20001

Jimenez Nino, Raul
210 Webster St NE
Apt 1
Washington, DC 20011

JJ McDonnell
7010 Brookdale Drive
Elkridge, MD 21075

Julius Silvert, Inc.
P.O. Box 824559
Philadelphia, PA 19182-4559

Keany Produce Co.
3310 75th Avenue
Hyattsville, MD 20785

Kelly Health Insurance
P.O. Box 418926
Boston, MA 02241-8926

King, Doriana
4913 Marlborough Grove
Upper Marlboro, MD 20772

LDV Imports
130 West 25th Street, Floor 7
New York, NY 10001

Linares Tapia, Andres F
505 18th St S
Apt 307
Arlington, VA 22202

Lopez Adulfo, Tomas
1430 Tuckerman St NW
Washington, DC 20011

Lopez, Jose Angel
1445 Park Road NW
#408
Washington, DC 20010

Lucas Morales, Nicolas
3802 14th St NW
Apt 304
Washington, DC 20011-5401

Lyon Bakery
P.O. Box 1360
Hyattsville, MD 20785

M&T Bank
One M&T Plaza
Buffalo, NY 14203

Malata, Mark V
2101 New Hampshire Ave NW
Apt 402
Washington, DC 20009

Martinez, Alfred Renton
3620 16th ST NW
Washington, DC 20010

Mejia Torres, Carlos A
611 Lamont St NW
Apt 611
Washington, DC 20010

Mercado, Jesus
4650 Washington Blvd
Apt 529
Arlington, VA 22201

Mijatovic, Vuk
2221 Georgian Way
Apt 32
Silver Spring, MD 20902

Mike Isabella, Inc.
12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878

Monge, Ines
3132 16th St Nw
Washington, DC 20010

Montague, Nadia T
7601 Riverdale Rd
#440
New Carrollton, MD 20784

Moreno, Daniela
611 Lamont Street NW
Washington, DC 20010

Moreno, Jose
611 Lamont Street NW
Washington, DC 20010

Mosakap, LLC
12154 Darnestown Road, Ste 621
Gaithersburg, MD 20878

Mustard's Greens
P.O. Box 99
Dameron, MD 20628

Najarro Estrada, Juan J
3435 Holmead Place NW
Apt 516
Washington, DC 20010

Navarro Quintanilla, Blanca D
1417 N St NW
Apt 106
Washington, DC 20005

Office Depot
P.O. Box 630813
Cincinnati, OH 45263-0813

Olympus Food Distributors, Inc.
621 South Pickett Street
Alexandria, VA 22304-4619

Ontiveros, Lissette G
931 Longfellow St
Apt 309
Washington, DC 20011

Open Table, Inc.
P.O. Box 671198
Dallas, TX 75267

Oracle America, Inc.
P.O. Box 203448
Dallas, TX 75320-3448

Pagonis, George
1700 Kalorama Road NW
Apt 405
Washington, DC 20009

Pagonis, Nicholas
1111 W ST NW
APT 8
Washington, DC 20009

Pagonis, Victoria
1407 Buchanan St NW
Washington, DC 20011

PCI Service Company
7909 Philadelphia Road
Rosedale, MD 21237

Pepco
P.O. Box 13608
Philadelphia, PA 19101

Pinti Zamora, Selena V
5616 13th St NW
Apt 100
Washington, DC 20011

Potomac Exhaust, Inc.
1775 West Mt. Harmony Road
Owings, MD 20736

Premium Distributors
P.O. Box 742861
Atlanta, GA 30374-2861

Prestige Beverage Group
6735-A Business Parkway
Elkridge, MD 21075

Privado, Bryan
6717 Riverdale Rd
Riverdale, MD 20737

Ramirez, Vilma
1515 Ogden St NW
Apt 604
Washington, DC 20010

Republic National Distributing Company
4235 Sheriff Road NE
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Washington, DC 20010

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Arlington, VA 22206

Santos, Bernadino
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Washington, DC 20011

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Washington, DC 20009

Southern Glazer's of MD
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Dundalk, MD 21222-0207

Talbert's Ice & Beverage
5234 River Road
Bethesda, MD 20816

Tealsm
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Gaithersburg, MD 20878

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#100
Washington, DC 20011

Zimmerman, Maria R
1210 Wellfleet Dr
Waldorf, MD 20601

**United States Bankruptcy Court
District of Maryland**

In re **14wBella, LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **14wBella, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

September 6, 2018

Date

/s/ Richard J. Oparil**Richard J. Oparil**Signature of Attorney or Litigant
Counsel for **14wBella, LLC****Porzio, Bromberg & Newman, P.C.****1200 New Hampshire Avenue, NW
Washington, DC 20036-6802****rjoparil@pbnlaw.com**